206 WEST PROSPECT STREET

THORP 54771 Phone: (715) 669-5321		Ownershi p:	Corporati on
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	58	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	58	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	55	Average Daily Census:	55

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3)	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	25. 5
Supp. Home Care-Personal Care	No					1 - 4 Years	40. 0
Supp. Home Care-Household Services	No	Developmental Disabilities	1. 8	Under 65	1.8	More Than 4 Years	34. 5
Day Servi ces	No	Mental Illness (Org./Psy)	36. 4	65 - 74	5. 5		
Respite Care	Yes	Mental Illness (Other)	3. 6	75 - 84	20.0	'	100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0. 0	85 - 94	58. 2	**********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	14. 5	Full-Time Equivalent	
Congregate Meals	No	Cancer	0. 0	İ	[	Nursing Staff per 100 Res	
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	27. 3	65 & 0ver	98. 2		
Transportation	No	Cerebrovascul ar	3. 6			RNs	11. 0
Referral Service	No	Di abetes	5. 5	Sex	%	LPNs	9. 1
Other Services	No	Respi ratory	9. 1		j	Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	12. 7	Male	30.9	Ai des, & Orderlies	50. 3
Mentally Ill	No			Female	69. 1	,	
Provide Day Programming for			100.0				
Devel opmentally Disabled	No				100. 0		
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## Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay	;		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	2	5. 1	95	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	2	3. 6
Skilled Care	5	100.0	231	30	76. 9	82	0	0.0	0	10	90. 9	112	0	0.0	0	0	0.0	0	45	81. 8
Intermedi ate				7	17. 9	68	0	0.0	0	1	9. 1	112	0	0.0	0	0	0.0	0	8	14. 5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		39	100.0		0	0.0		11	100.0		0	0.0		0	0.0		55	100. 0

County: Clark OAKBROOK HEALTH & REHABILITATION

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Admi ssi ons, Di scharges, and		Percent Distribution	of Residents'	Condi ti	ons, Services,	and Activities as of 12/	31/01
Deaths During Reporting Period	l	`					
		ľ		%	Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	stance of	% Totally	Number of
Private Home/No Home Health	4.8	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	1.6	Bathi ng	0.0		63. 6	36. 4	55
Other Nursing Homes	9. 5	Dressi ng	18. 2		50. 9	30. 9	55
Acute Care Hospitals	71.4	Transferring	20. 0		<b>56. 4</b>	23. 6	55
Psych. HospMR/DD Facilities	0.0	Toilet Use	20. 0		43. 6	36. 4	55
Reĥabilitation Hospitals	11. 1	<b>Eating</b>	52. 7		38. 2	9. 1	55
Other Locations	1.6	**************	*********	*****	******	*********	******
Total Number of Admissions	63	Conti nence		%	Special Treati	ments	%
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	5. 5	Receiving Re	espi ratory Care	10. 9
Private Home/No Home Health	21.3	Occ/Freq. Incontinent	of Bladder	63. 6	Recei vi ng Ti	racheostomy Care	0.0
Private Home/With Home Health	27. 9	Occ/Freq. Incontinent	of Bowel	30. 9	Receiving Su	ucti oni ng	0. 0
Other Nursing Homes	4. 9	<u>-</u>			Receiving 0s		3. 6
Acute Care Hospitals	24. 6	Mobility			Receiving Tu	ube Feedi ng	1. 8
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	3. 6	Receiving M	echanically Altered Diets	40. 0
Rehabilitation Hospitals	1.6					· ·	
Other Locations	0.0	Skin Care			Other Resident	t Characteristics	
Deaths	19. 7	With Pressure Sores		3. 6	Have Advance	e Directives	83. 6
Total Number of Discharges		With Rashes		7. 3	Medi cati ons		
(Including Deaths)	61	ĺ			Receiving Pa	sychoactive Drugs	60. 0
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	This Facility	Pro	ershi p: pri etary Group	50	Si ze: - 99 Group	Ski	ensure: lled Group	Al l Faci l	l lities		
	%	%	Ratio	%	Rati o	%	Ratio	%	Rati o		
Occupancy Rate: Average Daily Census/Licensed Beds	94. 8	80. 3	1. 18	85. 1	1. 11	84. 4	1. 12	84. 6	1. 12		
Current Residents from In-County	69. 1	72. 7	0. 95	72. 2	0. 96	75. 4	0. 92	77. <b>0</b>	0. 90		
Admissions from In-County, Still Residing	11. 1	18. 3	0. 61	20. 8	0. 53	22. 1	0.50	20. 8	0. 53		
Admissions/Average Daily Census	114. 5	139. 0	0.82	111. 7	1. 03	118. 1	0. 97	128. 9	0.89		
Discharges/Average Daily Census	110. 9	139. 3	0.80	112. 2	0. 99	118. 3	0. 94	130. 0	0.85		
Discharges To Private Residence/Average Daily Census	54. 5	<b>58.</b> 4	0. 93	42. 8	1. 27	46. 1	1. 18	<b>52.</b> 8	1. 03		
Residents Receiving Skilled Care	85. 5	91. 2	0. 94	91.3	0. 94	91. 6	0. 93	85. 3	1.00		
Residents Aged 65 and Older	98. 2	96. 0	1. 02	93. 6	1. 05	94. 2	1.04	87. 5	1. 12		
Title 19 (Medicaid) Funded Residents	70. 9	72. 1	0. 98	67. 0	1. 06	69. 7	1.02	68. 7	1. 03		
Private Pay Funded Residents	20. 0	18. 5	1.08	23. 5	0. 85	21. 2	0. 94	22. 0	0. 91		
Developmentally Disabled Residents	1. 8	1. 0	1.83	0. 9	2. 01	0.8	2. 31	7. 6	0. 24		
Mentally Ill Residents	40. 0	36. 3	1. 10	41. 0	0. 98	39. 5	1.01	33. 8	1. 18		
General Medical Service Residents	12. 7	16. 8	0. 76	16. 1	0. 79	16. 2	0. 78	19. 4	0. 66		
Impaired ADL (Mean)	53. 1	46. 6	1. 14	48. 7	1. 09	48. 5	1. 09	49. 3	1. 08		
Psychol ogi cal Probl ems	60. 0	47. 8	1. 26	50. 2	1. 20	50. 0	1. 20	51. 9	1. 16		
Nursing Care Required (Mean)	8. 4	7. 1	1. 18	7. 3	1. 16	7. 0	1. 19	7. 3	1. 15		